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	FILING DATE		FIRST NAMED INVENTOR		DRNEY DOCKET NO.	CONFIRMATION NO.	
APPLICATION NO.			Shinichi Gayama	04 /40 /0997 }	MAKŽ12-5 DV080125	107248962432	
10/724,896 TITLE OF INVENTION	12/02/2003 : MUSIC STRUCTURE	DETECTION APPARA		01 FC:1501 02 FC:1504 03 FC:8001	H H H H H H H H H H H H H H H H H H H	1488.80 OP 388.80 OP 9.80 OP	
		ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DU	E DATE DUE	
APPLN. TYPE	SMALL ENTITY	\$1400	\$300	\$0	\$1700	01/18/2007	
nonprovisional	NO	ART UNIT	CLASS-SUBCLASS) ·			
EXAM		2837	084-613000	J			
WARREN, DAVID S 2837 1. Change of correspondence address or indication of "Fee Address" (37)			2 For printing on the	patent front page, list	DRIN	KER BIDDLE &	
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) TOKYO-TO, JAPAN							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual XX Corporation or other private group entity Government of the patent of th							
4a. The following fee(s) are submitted: State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State			4b. Payment of Fee(s): (Pl A check is enclosed Payment by credit of	ment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0573 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.			Any Deficiencies b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). ted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in ark Office.				
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